



Scrap Metal Dealer Registration Form			
Filing type (check one)		<input type="checkbox"/> Original filing <input type="checkbox"/> Amended filing	
Please note that there is NO FILING FEE required to register as a scrap metal dealer.			
Business Information			
Business name		County	Hours of operation
Address, City, State, Zip		Organization licensed through (check one)	
		<input type="checkbox"/> West Virginia <b>Secretary of State</b> <input type="checkbox"/> West Virginia <b>State Tax Department</b> * (see note)	
		<small>*If your business is licensed through the WV State Tax Department, please attach a copy of your business registration certificate. You may contact the State Tax Department at 304-558-3333 or 1-800-982-8297.</small>	
Primary phone #	Secondary phone #	Fax number	Website address
Officers			
Officer type (check one)	Full name and title	Phone number	Email address
<input type="checkbox"/> Owner <input type="checkbox"/> Principal			
<input type="checkbox"/> Owner <input type="checkbox"/> Principal			
<input type="checkbox"/> Owner <input type="checkbox"/> Principal			
<input type="checkbox"/> Owner <input type="checkbox"/> Principal			
Physical Location #1			
Address, City, State, Zip		County	Hours of operation
Primary phone #	Secondary phone #	Fax number	
Physical Location #2			
Address, City, State, Zip		County	Hours of operation
Primary phone #	Secondary phone #	Fax number	

By signing your name below and submitting this form you are certifying as follows: "I certify the information provided is true. I further certify that I am duly authorized to file this document on behalf of this organization as required by West Virginia Code."

Print name and title	Signature	Date

DO NOT COMPLETE THIS SECTION! This section for use by WV SOS Staff ONLY		
Date processed	SOS Org ID	Gentax ID

## **INSTRUCTIONS FOR FILING SCRAP METAL DEALER REGISTRATION FORM**

**BEFORE you fill out the application:** The business name you select will be approved **only** if it is available – that is, if the name is not the same as and is distinguishable from any other name which has been reserved or filed. If you prepare business registration papers without applying for and receiving a name reservation, you do so at your own risk. *A telephone check on availability of a name is NOT a guarantee.*

You may apply for a name reservation in writing, accompanied by a \$15 fee payable to the Secretary of State, mailed to the address on the top of the application. Once approved, the name will be held for 120 days.

**\*\*\*\*\*There is NO FILING FEE to file the Scrap Metal Dealer Registration\*\*\*\*\***

### **FILLING OUT THE APPLICATION:**

**NOTE:** The applicant agrees to register a scrap metal dealer in accordance with [§61-3-49-\(b\)\(4\)](#) of the revised West Virginia State Business Code which states the following:

*(4) Register as a scrap metal dealer with the Secretary of State, who is hereby directed to maintain a list of scrap metal dealers and make it publically available. The list shall include the dealer's business address, hours of operation, physical address, phone number, facsimile number, if any, and the name of the owners and principal officers of the business.*

**Filing Type** - Check the ONE which applies to your filing type:

- **Original filing** – your initial business registration with the West Virginia Secretary of State.
- **Amended filing** – any amendments made to the registered business after the initial registration with the West Virginia Secretary of State.

### **Business Information**

**Business Name** – enter the business name exactly as it is registered with the West Virginia Office of the Secretary of State.

**County** – enter the county name in which the business is located in West Virginia. If located outside the state of West Virginia (i.e., a foreign business formed outside the State of West Virginia) enter the number zero “0”.

**Hours of Operation** – enter the regular hours of operation the business intends to transact regular business activities.

**Address, City, State, Zip** – enter the current number and street address, city, state, and zip code of the principal office location of the business.

**Type of organization** - Check the ONE which applies to your filing type:

- Licensed through **West Virginia Secretary of State**
- Licensed through **West Virginia State Tax Department\*** (*see note*)  
\*If your business is licensed through the WV State Tax Department, please attach a copy of your business registration certificate. You may contact the State Tax Department at 304-558-3333 or 1-800-982-8297.

**Primary phone number** – enter the primary contact phone number for the business (ex: 555-555-5555).

**Secondary phone number** – enter the secondary contact phone number for the business, if any (ex: 555-555-5555).

**Fax number** – enter the fax number for the business, if any (ex: 555-555-5555).

**Website address** – enter the current business website address of the business, if any.

### **Officers**

**Officer type** – check ONE type (**Owner OR Principal**) per each individual officer listed. You may list up to four [4] officers. Attach additional pages if necessary to list additional officers.

### **Physical Location #1**

**Address, City, State, Zip** – enter the current number and street address, city, state, and zip code of the physical office location of the *primary* (#1) physical business location.

**County** – enter the county name where the *primary* (#1) physical business is located in West Virginia. If located outside the state of West Virginia (i.e., a foreign business formed outside the State of West Virginia) enter the number zero “0”.

**Hours of Operation** – enter the regular hours of operation the *primary* (#1) physical business location intends to transact regular business activities.

**Primary phone number** – enter the primary contact phone number for the *primary* (#1) physical business location (ex: 555-555-5555).

**Secondary phone number** – enter the secondary contact phone number for the *primary* (#1) physical business location, if any (ex: 555-555-5555).

**Fax number** – enter the fax number for the *primary* (#1) physical business location, if any (ex: 555-555-5555).

### **Physical Location #2**

**Address, City, State, Zip** – enter the current number and street address, city, state, and zip code of the physical office location of the *secondary* (#2) physical business location.

**County** – enter the county name where the *secondary* (#2) physical business is located in West Virginia. If located outside the state of West Virginia (i.e., a foreign business formed outside the State of West Virginia) enter the number zero “0”.

**Hours of Operation** – enter the regular hours of operation the *secondary* (#2) physical business location intends to transact regular business activities.

**Primary phone number** – enter the contact phone number for the *secondary* (#2) physical business location (ex: 555-555-5555).

**Secondary phone number** – enter the secondary contact phone number for the *secondary* (#2) physical business location, if any (ex: 555-555-5555).

**Fax number** – enter the fax number for the *secondary* (#2) physical business location, if any (ex: 555-555-5555).

**Note:** *By signing your name below and submitting this form you are certifying as follows: “I certify the information provided is true. I further certify that I am duly authorized to file this document on behalf of this organization as required by West Virginia Code.”*

**Signature and Date**

**Print name and title** – print clearly the **first and last name** AND **title** of the applicant having signature authority to transact business on behalf of the organization.

**Signature** – the applicant having signature authority to transact business on behalf of the organization must sign in the space provided for the registration to be valid and processed in a timely manner.

**Date** – enter the date the registration form is being executed by the applicant.

**\*\*\*\*DO NOT COMPLETE THIS SECTION!\*\*\*\***

**\*\*\*\*This section for us by West Virginia Secretary of State Staff ONLY\*\*\*\***

**Date processed / SOS Org ID / Gentax ID**